Committee Name (print)

#### Contributions in Excess of \$100 or, When Added Together Exceed \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	Control State Control of the Control of the	CHECK ✓ IF IN KIND
WILLIAM E. MARTIN 2336 Villandry Court Henderson, NV 89014	12-1-00	\$ 500.00		Х
JERRY R. MARTIN 2675 Windmill Pky., No. 3 Henderson, NV 89014	12-11-00 124	250.00		Х
MARIETTA HENRY 2167 Eaglepath Circle Henderson, NV 89014	12-5-00	250.00		Х
RICHARD VEITZ .2720 Serene Ave., #2001 Las Vegas, NV 89123	12-4-00	250.00		Х
CASSANDRA EISINGER 9865 Ramshorn Canyon St. Las Vegas, NV 89123	12-1-00	100.00		Х
LINDA TUXON 1537 Twin Oaks Rd. Reno, NV 89511	12-4-00	100.00		Х
KEVIN SULLIVAN 4075 Falling Water Dr. Reno, NV 89509-2165	11-30-00	100.00		Х
JACQUELYN WILLIAMS 1300 Marion Drive Las Vegas, NV 89110	11-30-00	100.00		Х
CURT KROSTA 1405 S. Nellis Blvd. Las Vegas, NV 89104	11-22-00	100.00		X
RUSSELL BROWNE 4300 Amberwood Reno, NV 89509	11-22-00	100.00	·	Х
STEVE BROCKMAN 2304 Carinth Way Henderson, NV 89014	11-22-00	100.00		Х

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Committee Name (print)

#### Contributions in Excess of \$100 or, When Added Together Exceed \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION		CHECK 🗸 "	CHECK / IF IN KIND
RICK TEIXEIRA 4280 Snowshoe Lane Reno, NV 89502	11-27-00	\$ 100.00		Х
ROBIN COLLINS 1920 Figoni Ranch Rd. Sparks, NV 89434	11-22-00	100.00		Х
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Committee Name (print)

### Contributions of \$100 or Less

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION		D/ CC
None			
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DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
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Committee Name (print))

## **Expenses Categories**

CATEGORIES	CODE	TOTALS
Office expenses	A	4
Expenses related to volunteers	В	
Expenses related to travel	С	
Expenses related to advertising	D	
Expenses related to paid staff	E	
Expenses related to consultants	F	
Expenses related to polling	G	
Expenses related to special events	Н	
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses	J	

Committee Name (print)

## **Expenses in Excess of \$100**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE
None	The difference of the state of		
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Committee Name (print)

# Expenses of \$100 or Less

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY
None		

DATE OF EACH	AMOUNT OF EACH EXPENSE	CATEGORY
EXPENSE	EXPENSE.	
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